TRAV	'EL EX	PENSE CLAIN	/Ī	,	See Instr	uctions a	nd Privad	)					/		
STD 262 (REV 10/92) Stateme							nt on Reverse Side					<u> </u>	of	1	
Matthew David						Jan Alling									
POSITION CB/ID NUMBER						DIVISION OR BUREAU					or's Offic	INDEX NUM	BER		
Deputy Chief of Staff RESIDENCE ADDRESS						Communications HEADQUARTERS ADDRESS							M25.0-2779		
							State Capitol					TELEPHONE	NUMBER		
CITY STATE ZIP							CITY STATE				-	<u> </u>	ZIP		
						Sacramento				California			95814		
hon	1,0	LOCATION			MEALS				T	RANSPORTAT	TION		T		
	1/4/V								CARFAR		ε,		BUSINESS	TOTAL	
DATE	TIME	WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENS	
DATE	TIME	WERE INCURRED	1/	BREAKFAST	LUNCH	DINNER		TRANS,	TYPE USED	PARKING	MILES	AMOUNT		FOR DA	
22-Jun	4:00 PM	SanFrancisco	229.85			NO DE DE						0.00		229	
23-Jun	I DO PM	San Francisco			8.91		-					0.00		8	
												0.00		0.	
25-Jun	7;00 AM	Sac > LA		500	/	0.000		461.40		/9.00	24	12.00		488.	
												0.00		0.	
28-Jun	6:00 PM	Sac > LA	/ 135.00					/ 176.70				0.00		311.	
												0.00		0.0	
												0.00		0.0	
												0.00		0.0	
												0.00		0.0	
												0.00		0.0	
												0.00		0.0	
												0.00		0.0	
SUBTOTALS 364 85			6.00	8.91	0.00	0.00	638.10	0.00	9.00	24	12.00	0.00			
COLUMN	CODE (A	CCTG. USE ONLY	()								F BU		24(32)		
	CLAIM									10	32	.86	\$1,03	38.86	
		P, REMARKS AND		(Attach re	ceipts wh	en require	ed)				NORMAL W	VORK HOU	RS		
June 22 - Meet with Russian President  June 25 - CalVolunteers Disaster Corps Launch										-					
		Airlines flight w/			on						PRIVATE V	EHICLE LIC	CENSE NU	MBER	
, uno 20	,g	manes mgne m	on room	a d Diuns	OII						MI FACE D	ATE 01 11			
												MILEAGE RATE CLAIMED  0.5			
				***		7						Y ACCOU	NTING O	FEICE	
HEREBY C	ERTIFY, Tha	t the above is a true state	ment of the tra	avel expenses	incurred by	me in accord	dance with DI	PA rules in th	e service of the	ne State of		USE O		11102	
		wned vehicle was used ar									PAID BY F	REVOLVING FU		HUBED	
greater than t	the rate claim	ed, and that I have met th	ne requiremen	its as prescrib	ed by SAM	Sections 075	0, 0751,0752	, 0753 and 07	754			, , ,	- A	S. S	
	_	and seat belt usage.								1	3	411	20	)	
LAIMANT'S S	SIGNATURE			D	ATE	1		F OFFICER A		-	AYMENT	D	ATE /	1	
_			-		4/30	110					processes and	[6	9/30/	10	
GNATURE O	F TITLE OF A	UTHORITY FOR SPECIAL I	EXPENSES	/	/ 7						-	D	ATE /		